									plication or Docket Number 09/885 632				
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000								_ ·					
								09885632					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL EN		OR	OTHER SMALL		
TOTAL CLAIMS			35					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			Basic Fee	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			35-minus 20=		. 15			X\$ 9=		OR	X\$18=	270	
INDEPENDENT CLAIMS			5-minus 3 =		2			X40=		ÓR	X80=	160	
MÜ	LTIPLE DEPEN	DENT CLAIM P	RESENT					+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2							1	LATOT		OR	TOTAL	1140	
CLAIMS AS AMENDED - PART II										,	OTHER	THAN	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALLE	ENTITY	OR	SMALL	NTITY	
AMENDMENT A	· · · · · · · · · · · · · · · · · · ·	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	EST BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DME	.Total	· 35	Minus	•• 6	33	•		X\$ 9=		OR	X\$18=		
NEW YEAR	Independent	· 5	Minus	***	5	1		X40=		OR	X80=		
1	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	TCLAIM			+135a		RO	+270=		
							ا	TOTAL		OR	YOTAL		
								ADDIT. FEE		,	ADDIT. FEE		
		(Column 1)	-		ımn 2) REST	(Column 3)	1		ADDI-	1		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREV	MBER MOUSLY D FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
D WE	Total	. 19	Minus	•	35	• /]	X\$ 9=		OR	X\$18=		
	Independent	• 3	Minus		5	-/		X40=		OR	X80=	,	
	FIRST PRESE	NTATION OF N	NULTIPLE DE	PENDEN	IT CLAIM		J	+135=		OR	+270=		
	•						i	TOTAL		OR	TOTAL		
	, ,							ADDIT. FEE	L	J	ADDIT. FEE		
10	1/3/05	(Column 1)			umn 2)	(Column 3	ኒ			•		T	
S F		CLAIMS REMAINING AFTER AMENDMENT		PRE	MBER MOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DME	Total	.18	Minus	٠. (7.5	=	1	X\$ 9=		OR	X\$18=		
AMENDMENT	independent	. 3	Minus	•••	5	•]	X40=		OR	X80=		
H٩	FIRST PRES	ENTATION OF	MULTIPLE DE	PENDE	NT CLAIL	4 🔲	L		 	┧፝``		1	
		•			•			+135=	·	OR		<u> </u>	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR	ADDIT. FE		
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

FORM PTO-475

Palent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
"U.S. GPO: 2000-450-708/20103